

TENNESSEE DEPARTMENT OF AGRICULTURE

KEN GIVENS COMMISSIONER REGULATORY SERVICES PLANT CERTIFICATION

APPLICATION FOR GROWER CERTIFICATES

Date:	Type of Certificate:
Certificate Number:	Growing Area Acres/Square Feet:
Firm Name:	Owner:
Street Address:	County:
City, State, Zip:	Phone:
E-mail Address:	Fax:
	ntacting you to set up a time to inspect your
the facilities.	in not be granted without a current hispection of
Please send completed application to:	
	Plant Certification Division of Regulatory Services Tennessee Department of Agriculture Ellington Agricultural Center P.O. Box 40627
(5/03)	Nashville, TN 37204